

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1		1		
7		1		1		
8	1					
9	1					
10	1					
11		2				
12	1					
13	1					
14	1					
15	1					
16	1					
17		4				
18	1					
19	1					
20		1				
21		1				
22		1				
23		1				
24	1					
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32		2				
33	1					
34		1				
35		1				
36	1					
37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46				1		
47				2		
48				2		
49				2		
50				2		
TOTAL IND.	17		1			
TOTAL DEP.	33		11			
TOTAL CLAIMS	50		12			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52			1			
53				1		
54				1		
55				1		
56				2		
57				2		
58				2		
59				2		
60				2		
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.	15					
TOTAL CLAIMS	16					